



City of Oxford

OCCUPATIONAL TAX LICENSE APPLICATION

PLEASE COMPLETE ALL SECTIONS. INCOMPLETE APPLICATIONS WILL BE RETURNED.

Note: if your business requires a professional license from the Georgia Secretary of State's Office, you must provide a copy of the valid license with your application.

I. BUSINESS INFORMATION:

Full Business Name: _____

Doing Business As (If Applicable): _____

Business Address: _____

Business Phone: _____ Email Address: _____

Name of Applicant: _____ Relation to Business: _____

Name of Owner(s) (if different than applicant): _____

Type of Business: Retail Service (salon, trade, etc.) Professional Office Manufacturing
 Other _____

Description of Business: _____

What specific products or services will be offered, manufactured, or produced by this business:

Is this a Home Occupation? Yes No

Will hazardous materials be manufactured, stored or handled at this location? Yes No

If yes, please describe: _____

Are there any additional structures/storage buildings that will be used by the business?

If yes, please describe: _____

Will the business result in additional traffic at the business location? Yes No

If yes, please describe: _____

Will any commercial motor vehicles used in the business be parked at the business location? Yes No

If yes, please describe: _____

Georgia Sales and Use Tax Number (retail business only): _____

Federal Taxpayer Identification Number or Social Security Number: _____



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II. ANNUAL FEES:

Total number of full-time equivalent employees (receives a W-2): _____ 1099 employee _____

Occupational Tax Fee Calculations:

Number of Employees:	Fee Calculation:
1-10	\$20.00
11-20	\$40.00
21-30	\$60.00
31-40	\$80.00
41-50	\$100.00
More than 50	\$200.00

Please note: Your occupational tax license expires on December 31st of each calendar year. You must renew your tax on an annual basis prior to March 1st of the following year. If it is not paid, penalty fees will be applied per O.C.G.A 48-2-40. Failure to comply shall result in a citation to Municipal Court which shall require court fees in addition to paying the occupational tax.

If this business is no longer in operation, please notify our office in writing.

I have read and understand that it shall be my responsibility to renew this occupational tax license on an annual basis and agree to pay all penalties incurred.

Signature _____

Date _____

III. VERIFICATION STATUS FOR PUBLIC BENEFITS & PRIVATE EMPLOYER AFFIDAVIT (E-VERIFY)

SECTION 1 – VERIFICATION STATUS FOR PUBLIC BENEFITS - Please Check One

As required by the State of Georgia through OCGA 50-36-1(e), the City of Oxford must verify your eligibility for Georgia Public Benefits through the Systematic Alien Verification of Entitlement (SAVE) Program operated by the United States Department of Homeland Security before a license is issued.

By executing this affidavit under oath, as an applicant for a public benefit referenced in O.C.G.A. Section 50-361, I am stating the following with respect to my City of Oxford, Georgia, application for: Occupational Tax License

I am a United States Citizen

I am a legal permanent resident 18 years of age or older or I am otherwise a qualified alien or non-immigrant under the Federal Immigration and Nationality Act 18 years of age or older and lawfully present in the United States. *If selecting this box **must include documents** to verify immigration status with application.



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SECTION 2 – PRIVATE EMPLOYER STATUS - Please Check One

10 OR LESS EMPLOYEES

By Executing this affidavit, the undersigned private employer verifies that it is exempt from compliance with O.C.G.A. § 36-60-6, stating affirmatively that the individual, firm or corporation employs ten (10) or less employees and therefore, is not required to register with and/or utilize the federal work authorization program commonly known as E-Verify, or any subsequent replacement program, in accordance with the applicable provisions and deadlines established in O.C.G.A. § 13-10-90.

MORE THAN 10 EMPLOYEES

Federal Work Authorization/E-Verify Number is required. To register for E-Verify, visit uscis.gov or call 1-888-464-4218.

E-Verify Number _____

Initial Authorization Date: _____

By executing this affidavit, the undersigned private employer verifies its compliance with O.C.G.A. § 36-60-6, stating affirmatively that the individual, firm or corporation employs more than ten (10) Employees and has registered with and utilizes the federal work authorization program commonly known as E-Verify, or any subsequent replacement program, in accordance with the applicable provisions and deadlines established in O.C.G.A. § 13-10-90. Furthermore, the undersigned private employer hereby attests that its federal work authorization user identification number and date of authorization are as follows:

SECTION 3 – AFFIDAVIT

BUSINESS NAME: _____

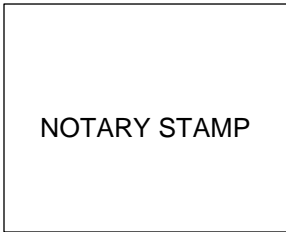
I hereby declare under penalty of perjury that all the foregoing is true and correct.

Signature of Authorized Business Owner, Officer, or Authorized Agent:

Signature _____

Date: _____

SUBSCRIBED AND SWORN BEFORE ME:



ON THIS THE _____ DAY OF _____, 20____

You may get additional information on both the Save Program and E-Verify at uscis.gov Information is on the right side of homepage (located under *Verification*). If you are not already enrolled in E-Verify, you may do so through this portal. You may also contact U.S. Citizenship & Immigration Services at 1-888-464-4218.